Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nancy Mace for Congress 295 Seven Farms Drive ADDRESS (number and street) Suite C-186 (Check if address is changed) Charleston 29492 SC CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS nancymace@pdscompliance.com (Check if address is changed) Optional Second E-Mail Address admin@pdscompliance.com COMMITTEE'S WEB PAGE ADDRESS (URL) nancymace.org (Check if address is changed) DATE 2023 C00710103 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Kilgore, Paul, , , Type or Print Name of Treasurer Kilgore, Paul, , , [Electronically Filed] 01 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	TYPE OF COMMITTEE:	
	Candidate Committee:	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	candidate
	Name of Candidate Mace, Nancy, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President	State SC  District 01
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican, e	etc.) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
	Corporation Corporation w/o Capital Stock Labor Org	anization
	Membership Organization Trade Association Cooperation	/e
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC	).
	In addition, this committee is a Lobbyist/Registrant PAC.	
	Joint Fundraising Representative:	
	(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1. C	

	FEC Form 1 (Revised 0	2/2009)	Page <b>3</b>
٧	Vrite or Type Committee Name		
	Nancy Mace fo	r Congress	
6.	Name of Any Connected On NANCY MACE VICT	ganization, Affiliated Committee, Joint Fundraising Represonance (Committee)	entative, or Leadership PAC Sponsor
	Mailing Address	228 S. WASHINGTON ST.	
		STE. 115	
		ALEXANDRIA	VA   22314   -
		CITY A S	TATE ▲ ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising F	Representative Leadership PAC Sponso
	Custodian of Records: Identi books and records.	y by name, address (phone number optional) and position of t	he person in possession of committee
	Kilgoro Po		
	Kilgore, Pa	,,, , , , , , , , , , , , , , , , , , ,	
		824 S Milledge Ave Ste 101	
	Mailing Address		
		Athens	GA 30605
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼	5	2 3352 =
	Treasurer		er 706 - 534 - 7780
	Treasurer: List the name and any designated agent (e.g., a	address (phone number optional) of the treasurer of the cossistant treasurer).	ommittee; and the name and address of
	Full Name Kilgore, Par	I, , ,	
	of Treasurer		
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	GA   30605
		CITY ▲ S	TATE ▲ ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	er   706   -   534   -   7780

FEC Form 1	(Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Goode, Michael, , ,	
Mailing Address	824 S Milledge Ave Ste 101	
	Athens GA 30605	
Title or Position	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasu		534 7780
	Depositories: List all banks or other depositories in which the committee deposits funds, hold are or maintains funds.	s accounts, rents
Name of Bank, D	pepository, etc.	
	South Carolina Federal Credit Union	
Mailing Address	PO Box 190012	
	North Charleston SC 29419	
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
	Chain Bridge Bank	
Mailing Address	1445 A Laughlin Ave	
	McLean VA 22101	
	CITY ▲ STATE ▲	ZIP CODE ▲

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_5\_ **of** \_10\_\_

5(a)	or(h). <b>Joint Fundraisin</b>	ng Particinant		
O(9)	1. L		FEC ID number	C
	2.		FEC ID number	C
			FEC ID number	C
	3.			
	4.		FEC ID number	C
6.	Name of Any Connected TAKE BACK THE	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Sponsor
	1			
	Mailing Address	PO BOX 30844		
		1		
		BETHESDA	, MD I	20824-0844
	Relationship:	CITY A	STATE A	ZIP CODE ▲
			Fundraising Representa	
	Connected	J Organization Anniated Committee W John	rundraising nepresent	Leadership FAC Sponsor
8.	Designated Agent: Identify	y by name, address (phone number – optional)		
	Full Name			
	Mailing Address			
				I I-I I
		CITY ▲	STATE ▲	ZIP CODE ▲
	TITLE OR POSITION	1	lephone Number	
9.	safety deposit boxes or ma	ries: List all banks or other depositories in which taintains funds.	the committee deposit	s funds, holds accounts, rents
	Depository, etc.			
	Mailing Address	1101 Professional Court		
	Mailing Address			
	Mailing Address			
	Mailing Address	Hagerstown	MD	21740

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

h). <b>Joint Fundraisi</b> r	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Team Mace			
1			
Mailing Address	824 S. Milledge Ave. Ste. 101		
	Athens	, GA	30605
Relationship:	CITY A	STATE A	ZIP CODE A
riolationomp.	CITT A	SIAIL	ZIF CODE A
	d Organization Affiliated Committee Joint  y by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC S
		Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	ative Leadership PAC Sp
esignated Agent: Identif		Fundraising Representation	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identif	y by name, address (phone number – optional)  CITY	STATE A	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify  Full Name	y by name, address (phone number – optional)  CITY   Telepries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail arms of Bank, Eagle!	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION anks or Other Depositon fety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor defety deposit boxes or mail arms of Bank, Eagle!	y by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor detects deposit boxes or mail and the control of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor detects deposit boxes or mail and the control of Bank, epository, etc	y by name, address (phone number – optional)  CITY   CITY   Teleprises: List all banks or other depositories in which aintains funds.  Bank	STATE A	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

or(h). <b>Joint Fundraising</b>	n Particinant		
1.	,	FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
		FEC ID number	С
4			
	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
GOP WINNING W	OMEN		
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	ı VA ı	22314
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
		Fundraising Representa	
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	Tel	ephone Number	
Banks or Other Depositor safety deposit boxes or main Name of Bank, Depository, etc.  Mailing Address	ies: List all banks or other depositories in which t intains funds.  1909 K Street NW	he committee deposit	s funds, holds accounts, rents
	Washington	DC	20006
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisi</b> r	1	EEC ID sumbar	С
1.		FEC ID number	
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
Mace Majority Fu	nd		
Mailing Address	824 S Milledge Ave		
-	Ste. 101		
	Athens	GA L	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	Affiliated Committee	Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif		Fundraising Representa	Leadership PAC S
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spanish
esignated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)  CITY		
esignated Agent: Identif  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Depositor  afety deposit boxes or mail	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposited afety deposit boxes or mailing and the same of Bank, Classi	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A
esignated Agent: Identification Full Name	y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which aintains funds.  C City Bank	STATE A	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
=	Organization, Affiliated Committee, Joint Fundr P WINNING WOMEN 2022	aising Representative	e, or Leadership PAC Spon
Mailing Address	228 S. WASHINGTON ST.		
	STE. 115		
	ALEXANDRIA	VA VA	22314
<b>5</b>	0.71	STATE ▲	ZIP CODE ▲
	CITY   d Organization	Fundraising Representa	ative Leadership PAC S
Connected	d Organization		ative Leadership PAC S
Connected esignated Agent: Identify	d Organization		ative Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization		ative Leadership PAC S
Connected esignated Agent: Identify Full Name	d Organization		ative Leadership PAC S
Connected esignated Agent: Identify Full Name	Affiliated Committee   Joint  by name, address (phone number – optional)		Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY	Fundraising Representation	
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee   Affiliated Committee   Affiliated Committee   Committee   Committee   Committee  Commit	Fundraising Representation	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	Affiliated Committee  y Joint  by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which	Fundraising Representation	ZIP CODE A
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esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depositors, etc.	Affiliated Committee  y by name, address (phone number – optional)  CITY   CITY   Tes: List all banks or other depositories in which aintains funds.	Fundraising Representation	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or ma ame of Bank, Wells I	Affiliated Committee  y Joint  y by name, address (phone number – optional)  CITY   CITY   Te  ries: List all banks or other depositories in which sintains funds.  Fargo	Fundraising Representation	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisir	g Farticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
PROTECT THE H	HOUSE 2024		
Mailing Address	PO BOX 30844		
	BETHESDA	MD	20824
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
Connecte	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sr
	d Organization Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif			ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)		
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		ative Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	STATE A	
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional)		
esignated Agent: Identify  Full Name	ries: List all banks or other depositories in whi aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name	ries: List all banks or other depositories in whiaintains funds.	STATE A Telephone Number	ZIP CODE A